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REEXAMINATION - PATENT OWNER POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Control Number(s)	90/010,651
	Filing Date(s)	8/20/2009
	First Named Inventor	Claus-Chr. Eckhardt
	Title	Appliance With Indicating Device
	Patent Number	5,960,078
	Examiner Name	
Attorney Docket No(s).		60851-382094

I hereby revoke all previous patent owner powers of attorney given in the above-identified reexamination proceeding control number(s).

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the proceeding(s) identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

OR

☒ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the proceeding(s) identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number
James L. Ewing, IV	30,630
Michael S. Pavento	42,985

Please recognize or change the correspondence address for the above-identified reexamination proceeding control number(s) (more than one may be changed **only** if they are merged proceedings) to be:

☐ The address associated with the above-mentioned Customer Number.

OR

☒ The address associated with Customer Number: 23370

OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
Country			
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I am the:

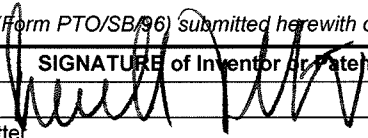
☐ Inventor, having ownership of the patent being reexamined.

OR

☒ Patent owner.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Inventor or Patent Owner

Signature		Date	09/09/2009
Name	Bernhard Frohwitter	Telephone	
Title and Company	Managing Director		

NOTE: Signatures of all the inventors or patent owners of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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